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Statewide Meeting

To been four years since we had our last statewide meeting and it feels like it's been even longer.

We've all been busy with form revisions and implementation of a brand new system, so we have certainly seen each other, but under different circumstances. Well, it's time to fix that!

So, let's begin by getting some of the finite details out of the way first. The meeting will be held in Jacksonville on July 18 and 19, 2006. It will go all day on Tuesday and half a day on Wednesday, a bit shorter than our usual meetings, but believe us when we say that we can cover what we need to cover in that amount of time. The Radisson Riverwalk Hotel is the location of the meeting and details on making reservations, registration information, etc., will be coming to you sometime in April.

Before we could begin planning the meeting, we had to decide what it is we need to do at this meeting, why do we need to gather all the county folks together, what do we want to tell them, and what do they need to tell us? Good questions to be sure, and we feel we have the answers! E-Vitals has been the big news for the past few years, so we plan to concentrate some energy in that area. Three revised records have been implemented since we last met, so there will be discussions related to these records. National and international events remind us that issuance and security are two very serious topics that must be under constant scrutiny, so you can be sure they will also be featured as part of the agenda.

Be sure not to miss the next few CDR conference calls where we will be discussing the meeting in greater detail.

VS Professional Association Meetings

he National Association of Public Health Statistics Information Systems (NAPHSIS) held their first Southeast Regional meeting in Jacksonville on March 2 and 3. Representatives from Alabama, Florida, North Carolina, South Carolina, Tennessee, NAPHSIS, and the State Department were in attendance. There were discussions on Intelligence Reform recommendations, various states' web based dissemination systems, electronic registration of births and deaths, certificate re-engineering, and electronic verification of vital events. It was the first opportunity these states have had to gather in a small group to share experiences with their fellow members.

The National Center for Health Statistics (NCHS) held the annual Vital Records Registration Meeting in Tampa March 7-10. This meeting provides a comprehensive overview of vital records from the registration viewpoint. Representatives from Utah to Massachusetts, Texas to Minnesota, and many states in between were there to learn from their peers.

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What's New in E-Vitals

he e-Vitals Reports Catalog was, at long last, presented statewide, and from all indicators it was very well received. The catalog is comprehensive and provides information regarding the utility of each and every e-Vitals report used by the county vital statistics offices. As many folks already know, it is not mandatory to run all reports - only the ones you need. The catalog can help you determine



which reports you need to run. The catalog also gives information on the parameters which must be entered when running a report in order to receive the desired accurate data. For newcomers to the system, such as Business Managers, the catalog also gives basic instructions for signing on to the e-Vitals system.

E-Vitals users are quite happy when they learn how to run reports to obtain the valuable information available to them . We hope the catalog will go a long way in ensuring that everyone knows how to run the reports they need in the e-Vitals system.

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New Funeral Board

As mentioned in the December 2005 issue of the *Vital News*, funeral professionals are now licensed and regulated under the Department of Financial Services as the Board of Funeral, Cemetery, and Consumer Services. They can be contacted at:

200 E. Gaines Street Tallahassee, Florida 32399 (850) 413-3039

Just as a reminder — this is the address where the embalmers' affidavits and cases handled reports should be sent each month and **not** to Vital Statistics!

Amendment To Birth Certificate

When a parent contacts the hospital of birth regarding a misspelled name or some other error on their child's birth certificate, hospital staff should refer the parent to the state office. The hospital should *not* complete and file another record with the county office. The process to make the correction requires an amendment be filed with the State Office of Vital Statistics. Errors of this type can be reduced by having the parent review the record carefully before signing, as is required in s. 382.013(1)(e), F.S.

The Birth Notification is normally sent to the parent(s) six to eight weeks after the delivery of the child, and it indicates the child's name and date of birth. The notification provides information on ordering certifications and includes an affidavit that can be used to make certain types of corrections, excluding adding a father to the record. This is an additional opportunity for the parent to verify the spelling of the child's name.

Paternity Generates Revenue For Hospitals

paternity for all children born without a legal father. While every child born to married parents has a legal father, approximately 225 children are born daily in Florida to unwed parents. For these children, paternity must be legally established or the child may never gain access to the benefits provided by or on behalf of a legal father. Research has shown that many fathers are present at the hospital during or shortly after the birth of their child, and his presence at this time provides the best opportunity to establish paternity for the child. This valuable and one-of-a-kind opportunity to acknowledge paternity and establish a legal father for the child at the beginning of life may be lost forever if the facility releases a newborn baby without providing the parents with effective education on the benefits of paternity establishment, or the opportunity to voluntarily acknowledge paternity in the hospital through the existing birth registration process.

During the 1990's, the federal government required that states adopt procedures mandating early paternity establishment programs in hospitals, and Florida law was subsequently amended to conform to these federal requirements. In the past five years, approximately 248,000 paternities were established through the voluntary acknowledgment process in Florida's hospitals.

Establishing paternity protects a child's right to financial support from both parents, as well as to inheritances, insurance coverage, Social Security, veterans' and other benefits. Additionally, paternity establishment gives a child a family medical history from both parents. Unfortunately, in the past five years, approximately 176,500 children born to unwed parents have left the hospital without having paternity acknowledged at the time of birth.

The Department of Revenue Child Support Enforcement Program (CSE) is currently offering financial incentives to all Florida hospitals who improve their paternity establishment rate. The only requirement for the hospital is to sign a letter of agreement allowing the department to make payment. Many hospitals in the state have been contacted by their local CSE Hospital Outreach coordinators with information on the program. Any hospital that has not been contacted or would like further information on the program should contact their local CSE office and speak with their Hospital Outreach coordinator, or they may contact Lynn Pesic at the CSE Program Office by phone at 850-921-8413 or email at: pesicl@dor.state.fl.us.



Chief Deputy Registrar

Loretta GarrisonHighlands County

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1918 Influenza Epidemic In Florida

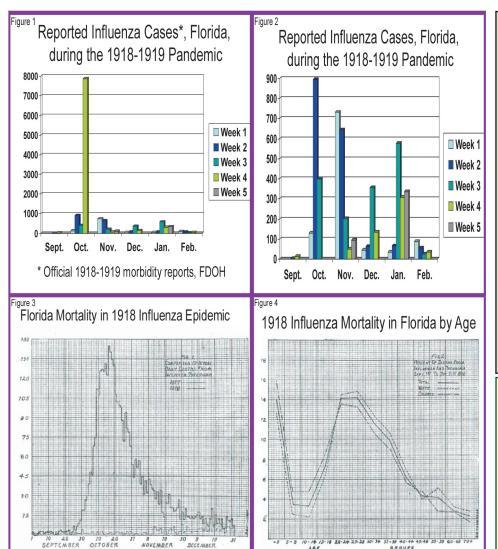
uring the past several months increased attention has been paid to the potential for the emergence of H5N1 avian influenza to become a pandemic. For such an event to happen, the avian influenza strain would have to mutate to become easily transmitted from person-to-person. Such a pandemic did occur in United States in 1917-18 at the end of World War I when the H1N1 strain arrived.

In Florida, the H1N1 cases were first reported at the end of September 1918 and are thought to have been associated with troop movement in and out of Jacksonville. The state population was approximately 1 million persons at the time, and cities like Miami and Orlando had less than 30,000 populations each. Figure 1 shows the reported morbidity in 1918. Overall 13,155 cases were reported in 1918. The peak week was the 4th week of October when 7,869 cases were reported. Figure 2 shows the same morbidity curve with the peak week removed to give a better idea of how widespread the disease was. Beginning in early October, schools were closed across the state for 3-4 weeks to curb spread of the disease.

The mortality of the 1918 pandemic is illustrated in Figures 3 and 4 and are reproduced from the 1918 vital statistics report. Figure 3 shows that the first deaths were reported on September 26 and continued to increase through October. The deaths include both influenza and pneumonia deaths, just as influenza mortality is tracked today. A comparison line shows the 1917 deaths. In 1918, a total of 4,114 deaths were attributed to the pandemic influenza with 85 in September, 2,712 in October, 934 in November, and 383 in December. The highest number of deaths (145) was reported on October 17. In 1917, 170 deaths were attributed to influenza and pneumonia related complications

Figure 4 tracks the age distribution of those who died. The mortality is highest in the young, healthy adults who were in their 20's, 30's, and 40's. Young infants, under 1 year of age, also had high mortality with about 5% of the deaths.

Joann Schulte, M.D., epidemiologist assigned to the Florida Department of Health by the Centers for Disease Control (CDC).



BITS 'N PIECES

The new numbering on safety paper is in effect. The number "3" replaced the "C" on DH Form 1947, the legal size paper. Although this number is not currently on the outside of the carton, we are working with the printer to place it there. At the present time, DH Form 1946 is being reprinted and the "B" will be replaced with the number "2". This means that your number series on DH Form 1234 will be indicated as beginning with "22" and "32" respectively. There is no need to make note on the form that the "2" and "3" are not on the outside of the box.

If you have questions or concerns, please contact Dave Sanford at (904) 359-6900 ext. 1060 or SunCom 826-6900 ext. 1060.

The statistical tables, along with past issues of the *Vital News*, are found on the department's website at the following address:

http://www.doh.state.fl.us/
Planning_eval/Vital_Statistics/
VitalNews/vn-index.htm

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